



# TRANSMITTAL FORM

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		Application Number	09/877,823
		Filing Date	June 7, 2001
		First Named Inventor	John Dunklee
		Group Art Unit	2829
		Examiner Name	Ernest F. Karlsen
Total Number of Pages in this Submission		Attorney Docket Number	1016.0068

## ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee transmittal <input checked="" type="checkbox"/> Fee attached form  <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> After Final/ Response  <input type="checkbox"/> Affidavits/Declaration(s)  <input checked="" type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified copy of Priority Documents  <input type="checkbox"/> Response to Missing Parts/ Incomplete Application  <input type="checkbox"/> Response to Missing Parts Under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing Related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request for Refund	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Additional Enclosures (identify below)
Remarks:		

## SIGNATURE OF APPLICANT, ATTORNEY OR AGENT

Firm or Individual Name	Kevin L. Russell of Chernoff Vilhauer McClung & Stenzel, LLP
Signature	
Date	May 7, 2004

## CERTIFICATE OF MAILING

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